Indonesia
National Immunization Program:

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Legal Basis

- The 1945 Constitution of the Republic of Indonesia
- Law No. 35/2014 on Child Protection
- Law No. 36/2009 on Health
- Law No. 23/2014 on Local Government

IMMUNIZATION IS COMPULSORY
Health Minister Decree No.12/2017

Routine National Immunization Schedule

<table>
<thead>
<tr>
<th>Age (Mo)</th>
<th>Primary Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 24 hrs</td>
<td>Hep.B birth dose</td>
</tr>
<tr>
<td>1</td>
<td>BCG, OPV1</td>
</tr>
<tr>
<td>2</td>
<td>DwPT-HB-Hib1, OPV2</td>
</tr>
<tr>
<td>3</td>
<td>DwPT-HB-Hib2, OPV3</td>
</tr>
<tr>
<td>4</td>
<td>DwPT-HB-Hib3, OPV4, IPV</td>
</tr>
<tr>
<td>9</td>
<td>Measles/MR</td>
</tr>
</tbody>
</table>

Secondary Immunization (Booster Dose)

- Measles and DwPT-HB-Hib (18 month) → Introduced since 2013 selected prov, 2014 nationwide

**SCHOOL-BASED IMMUNIZATION (ELEMENTARY SCHOOL)**

- Gr 1: DT - M/MR
- Gr 2: Td
- Gr 5: Td - HPV*
- Gr 6: HPV*

* Demonstration Program in selected areas
# New Vaccine Introduction Plan

<table>
<thead>
<tr>
<th>Plan</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR</td>
<td>MR Campaign Phase 1</td>
<td>MR Campaign Phase 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>Demonstration program in DKI Jakarta province</td>
<td>Demonstration program in Kulonprogo and Gunung Kidul (DIY) and Kota Surabaya (East Java)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JE</td>
<td>JE Introduction in Bali province</td>
<td>JE introduction in Kota Manado (North Sulawesi)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumo</td>
<td>Demonstration program in West Lombok and East Lombok Districts → PCV 13</td>
<td>Expanded: all districts in Lombok Island and selected districts in Bangka Belitung</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Phase 2 Clinical Trial: Rota Virus 3 (RV3) (BF, Melbourne Uni, UGM) in Yogyakarta dan Klaten district (Central Java)</td>
<td>Clinical Trials Rotavirus vaccine, Biofarma</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nationally, the immunization coverage has reached the target, however gaps are still found in some districts.
Vaccine delivery and cold chain maintenance has been applied throughout the country (34 provinces, 514 districts and 9,705 Health Centers) and >90% is functioning.

Maintaining Status of Poliomyelitis Free in Indonesia

Meet global and regional targets (measles elimination and rubella control)

Maintaining Status of Maternal and Neonatal Tetanus Elimination in Indonesia

New Vaccines Introduction Plan (MR, HPV, PCV and JE)

HIGH IMMUNIZATION COVERAGE
SUSTAINING POLIO-FREE STATUS
National Strategies to Maintain Polio-Free Status in the Country and Achieve Global Polio Eradication

**Polio NID**
(8-15 March 2016)
Coverage: 96.5%
Used trivalent OPV
Targeted children 0-59 mo

**Switch from tOPV to bOPV**
The national switch day: 4th April 2016
VALIDATED

**IPV Introduction**
1 dose of IPV into routine immunization schedule
July 2016

**Reach and maintain a high routine immunization coverage, incl polio imm, in all areas of the country**

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**Polio Importation Prevention (Health Minister Decree No. 12/2017):**

**People departing to polio endemic countries:**
Polio immunization should be given 14 days before departure and recorded in the International Certificate of Vaccination (ICV)

**People coming from or transiting for more than 4 weeks in polio endemic countries:**
People must bring along their valid ICV as a proof that they have been immunized before departure
IPV Introduction

• IPV has been introduced in July 2017, launched by the Health Minister in Gianyar, Bali province.

• Threat: **IPV shortage**

Strategies

• **IPV is given to priority targets** → children 4-11 mo who are not yet received protection from type 2 polio virus, either from tOPV vaccine or from any IPV containing vaccine

• **Maximize the use of each IPV multi-dose**
  - **vial** → for 5 dose vial min. 4 doses to be used, for 10 dose vial min. 8 doses to be used

• Local capacity to produce IPV, Biofarma (bulk from Sanofi) → ready in end of 2018, not yet fulfill national needs, will still depend on imported vaccines from Sanofi
SUSTAINING MNTE STATUS
Strategies

- Primary and Secondary Immunization (Incl School Based Immunization)
- Td at WRA
- Clean Delivery
- NT Surveillance
REACHING MEASLES ELIMINATION AND RUBEYLLA/CRS CONTROL BY 2020
Strategies

Measles Crash Program in 183 high risk districts in 28 provinces → August 2016

Two-phased MR Campaign targeting children 9 mo – under 15 yrs → August & September 2017-2018

MR vaccine introduction into routine immunization schedule, replacing measles monovalent vaccine → 9 mo, 18 mo and 1st grade elementary school

Targeting about 67 million children 9 mo – under 15 yrs, totally

Phase 1:
34,964,384 children in 6 provinces in Java Island → August-September 2017

Phase 2:
31,963,154 children in 28 provinces outside Java Island → August-September 2018

TARGET MINIMUM 95%

August → at schools
September → at Posyandu (outreach services), Puskesmas (Health Centres) and other health facilities (incl Hospitals, private clinics, etc)
MR Campaign Phase -1 in Java Island

- 6 provinces, 119 districts, 3,579 PHC
- Total targets: **34,964,384** (9 mo – under 15 yo)
- The vaccine usage rate is 8 per 10-dose vial of MR vaccine

The campaign period extended until 14 Oct 2017 to reach all unvaccinated children.

The coverage of MR Campaign already meet the national target.

Source: EPI Indonesia, data as 30th Sept 2017

Source: EPI Indonesia, data as 14th Oct 2017
1) Coverage is various throughout the country

- Many hard to reach areas
- Lack of community’s awareness and knowledge of immunization
- Unimmunized children
- Drop out of immunization
- Misperception of AEFI
- Anti Vaccine Group
CHALLENGES (2)

2) Decentralization (in the compliance with national standards for immunization)
   - Discrepancy of local government commitment for immunization
   - High duty turnover of EPI staff.

3) Procurement for new vaccines
   - High price → Limited national and local budget to introduce new vaccines. A privilege for Gavi graduated countries to use GAVI price ??

<table>
<thead>
<tr>
<th>No</th>
<th>Vaccine</th>
<th>Presentation</th>
<th>Price (IDR) Commercial</th>
<th>Price (IDR) UNICEF</th>
<th>Manufacturers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IPV</td>
<td>5-dose vial</td>
<td>152 900 *</td>
<td>125 400</td>
<td>Sanofi Pasteur</td>
</tr>
<tr>
<td>2</td>
<td>MR</td>
<td>10-dose vial</td>
<td>175 000 *</td>
<td>79 200</td>
<td>SII, India</td>
</tr>
<tr>
<td>3</td>
<td>JE</td>
<td>5-dose vial</td>
<td>65 000 **</td>
<td>27 060</td>
<td>Cheng Du, China</td>
</tr>
<tr>
<td>4</td>
<td>PCV</td>
<td>Single dose</td>
<td>300 000 **</td>
<td>43 560</td>
<td>Pfizer</td>
</tr>
<tr>
<td>5</td>
<td>HPV</td>
<td>Single dose</td>
<td>168 000</td>
<td>59 400</td>
<td>MSD</td>
</tr>
</tbody>
</table>

UNICEF prices do not include cost of clearance, storage, and distribution.
* Price published on e-Catalogue
** Estimated price
Improve Demand Creation for Immunization

Innovative efforts to improve and maintain immunization coverage and equity

Intense advocacy to local key stakeholders in ensuring immunization sustainability

Encourage technology transfer of new vaccines in low- and middle-income countries to assure access to affordable vaccines
THANK YOU